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United States Bankruptcy Court Southern District of New York

In re	JAMES B SCHWARTZ		Case No.	17-11548	
		Debtor(s)	Chapter	7	

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith: **Schedule F**

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a), I certify that notice of the filing of the amendment(s) listed above has been given this date to any and all entities affected by the amendment as follows:

First Premier Bank

Cohen Bergman & Klepper

St. Luke's Hospital

Mt. Sinai School of Medicine

Long Island Railroad

Reisman, Peirez, Reisman & Capobianco LLP

Sterling Emergency Services of Florida

Delray Medical Center

Evangelos Katsanos

Dix Hills Jewish Center

Date: 06/04/17

Renald A. Lenowitz, Esq.

Attorney for Debtor(s)

Ronald A. Lenowitz

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Woodbury, NY 11797

516-364-3080 Fax:516-364-3082

rlenolaw@yahoo.com

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Fill in this information to identify you	ır case:	Pg 2 of 29					
Debtor 1 JAMES B SCHV	WARTZ				1		
First Name	Middle Name	Last Name	е				
Debtor 2							
(Spouse if, filing) First Name	Middle Name	Last Nam	е				
United States Bankruptcy Court for the	SOUTHERN DISTRIC	CT OF NEW YORK					
Case number 17-11548							
(if known)						Check	f this is an
					_	amende	ed filing
Official Forms 400F/F					7		
Official Form 106E/F							
Schedule E/F: Creditors Be as complete and accurate as possible.		ACCORDING TO THE PARTY OF THE P					12/15
eft. Attach the Continuation Page to this plame and case number (if known). Part 1: List All of Your PRIORITY					,,		,
Market Blog III							
Do any creditors have priority unsecu-							
 Do any creditors have priority unsecutive. No. Go to Part 2. 							
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Jennifer Schwartz	Debtor 1 JAMES B SCHWARTZ		Case number (if know)	17-11548	
Huntington Station, NY 11746 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No	Priority Creditor's Name Last Known Address 98 Stonehur	77950 3760 MW v S - 104	5352 October 2013 to		\$0.00
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Domestic support obligations Taxes and certain other debts you owe the government Child Support Arrears Last 4 digits of account number Type of PRIORITY unsecured Total Support State Tip Code When was the debt incurred? When was the debt incurred? When was the debt incurred? 2010-2016 As of the date you file, the claim is: Check all that apply Contingent Domestic support obligations Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Check if this claim is for a community debt is the claim subject to offset? No Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Total State Tax Liens and Warrants Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules.		When was the debt incurred?	September 2016		
Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 and Debtor 2 only Debtor 6 this claim is for a community debt Is the claim subject to offset? No Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Total Support Arrears Last 4 digits of account number 5352 \$40,000.00 \$40,000.00 Priority Creditor's Name W.A. Harriman Campus Albary, NY 12228 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Taxes and certain other debts you owe the government Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated No Other. Specify New York State Tax Liens and Warrants Part 2: List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules.		As of the date you file, the claim	is: Check all that apply		
Debtor 2 only Disputed	Who incurred the debt? Check one.	☐ Contingent			
Debtor 1 and Debtor 2 only	Debtor 1 only	☐ Unliquidated			
At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? Child Support Arrears	☐ Debtor 2 only	☐ Disputed			
Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Claims for death or personal injury while you were intoxicated Child Support Arrears	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cla	aim:		
Is the claim subject to offset? No No No No No No No No No New York State Taxation Priority Creditor's Name W.A. Harriman Campus Albany, NY 12228 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No N	☐ At least one of the debtors and another	■ Domestic support obligations			
No Yes Child Support Arrears	☐ Check if this claim is for a community debt	☐ Taxes and certain other debts	you owe the government		
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No Other. Specify Yes New York State Tax Liens and Warrants Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules.					
Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules.					
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4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority		A PART OF THE STATE OF THE STAT			J.C. 44036 J. 111

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

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Debtor	1 JAMES B SCHWARTZ		Case number (if know) 17-11548	
4.1	Acumen Advisors	Last 4 digits of account number	James Schwartz	\$12,000.00
	Nonpriority Creditor's Name 200 Parkway Drive South Hauppauge, NY 11788	When was the debt incurred?	October 14, 2011	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify FINRA Set	tlement Default	
4.2	Aegis Capitcl Corp.	Last 4 digits of account number	James Schwartz	\$37,294.50
	Nonpriority Creditor's Name 510 Broadhollow Road	When was the debt incurred?	April 22, 2016	
	Melville, NY 11747 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	П о так так т		
		☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	At least one of the debtors and another	Student loans	d Claim.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Confession	n of Judgment	
4.3	Arcadia Nonpriority Creditor's Name	Last 4 digits of account number	86W1	\$100.00
	P.O. Box 70256 Philadelphia, PA 19176	When was the debt incurred?	11/2/16	
	Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	d alaim.	
	At least one of the debtors and another	Type of NONPRIORITY unsecure Student loans	u Ciaiiii.	
	☐ Check if this claim is for a community debt Is the claim subject to offset?		aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	ng plans, and other similar debts	
	Yes	Other, Specify Mt. Sinai H		
		- Other Specify		

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Debtor	1 JAMES B SCHWARTZ		Case number (if know)	17-11548	
4.4	Arcadia	Last 4 digits of account number	0336		\$40.00
	Nonpriority Creditor's Name P.O. Box 70256	When was the debt incurred?	12/7/15		
,	Philadelphia, PA 19176 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
	Yes	Other. Specify Credit Card	1		
4.5	Arcadia	Last 4 digits of account number	1711		\$1,310.00
	Nonpriority Creditor's Name P.O. Box 70256	When was the debt incurred?	7/2/16		
	Philadelphia, PA 19176 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that annly		
	Who incurred the debt? Check one.	no or are date you me, are claim	o. Officer all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt	Obligations arising out of a sepa	aration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims			
	■ No	☐ Debts to pension or profit-sharir		ebts	
	Yes	Other. Specify Credit Card	1		
4.6	Arcadia	Last 4 digits of account number	0337		\$211.30
	Nonpriority Creditor's Name P.O. Box 70256	When was the debt incurred?	7/2/16		
	Philadelphia, PA 19176 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	•			
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt	Obligations arising out of a sepa	aration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims	a plane and other similar da	abte	
	No No	☐ Debts to pension or profit-sharin		5018	
	Yes	Other Specify Medical Se	rvice on visa		

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Debtor	JAMES B SCHWARTZ		Case number (if know) 17-1	1548
4.7	Aspire	Last 4 digits of account number	9944	\$521.56
	Nonpriority Creditor's Name P.O. Box 790382	When was the debt incurred?	3/18/12	
	Saint Louis, MO 63179 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you	did not
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card		
4.8	AT & T	Last 4 digits of account number	9629	\$425.43
	Nonpriority Creditor's Name P.O. Box 537104 Atlanta, GA 30353	When was the debt incurred?	12/23/16	
	Number Street City State ZIp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you	did not
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Cellphone		
4.9	Brunswick Hospital Center	Last 4 digits of account number	8936	\$23,233.66
	Nonpriority Creditor's Name 81 Loudon Avenue Amityville, NY 11701	When was the debt incurred?	11/23/16 to 12/8/16	
	Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you	did not
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	Mental Hea	Ith Hospitalization for Deb	tor's

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Debt	JAMES B SCHWARTZ		Case number (if know) 17-11548	
4.1 0	Capital One	Last 4 digits of account number	8936	\$2,535.13
	Nonpriority Creditor's Name P.O. Box 71083 Charlotte, NC 28272	When was the debt incurred?	May 8, 2016	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit card	purchases	
4.1 1	Capital One	Last 4 digits of account number	5356	\$614.88
	Nonpriority Creditor's Name P.O. Box 71083 Charlotte, NC 28272	When was the debt incurred?	9-5-16	
	Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	1	
4.1 2	Chase Bank	Last 4 digits of account number	1546	\$1,425.74
	Nonpriority Creditor's Name	When was the debt incurred?	Santambar 4 2046	
	c/o MRS BPO, LLC 1930 Olney Avenue	When was the debt incurred?	September 4, 2016	
	Cherry Hill, NJ 08003			
	Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	d alatan	
	At least one of the debtors and another	Type of NONPRIORITY unsecure	a claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharir	on plans, and other similar debts	
			500	
	☐ Yes	Other. Specify Credit Card	1	

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Debioi	JAMES B SCHWARTZ		Case Hulliber (If know) 17-11546	
4.1	Chase Bank	Last 4 digits of account number	8334	\$440.49
	Nonpriority Creditor's Name 340 S. Cleveland Avenue Bldg 370	When was the debt incurred?	11-15-16	
	Westerville, OH 43081 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card		
4.1	Cohen, Bergman MD's	Last 4 digits of account number	8700	\$29.28
	Nonpriority Creditor's Name 175 Main Street	When was the debt incurred?	7/23/15	
	Huntington, NY 11743 Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	\square Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical Se	rvices for Debtor	
4.1	Cohen, Bergman MD's	Last 4 digits of account number	8700	\$237.82
	Nonpriority Creditor's Name 175 Main Street	When was the debt incurred?	7/23/15	
	Huntington, NY 11743 Number Street City State Zlp Code	As of the date you file, the claim	e: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim	s. Offect all triat apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Medical Se	rvices- Office Visit	

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Deptor	JAMES B SCHWARTZ		Case number (if know) 17-11548	
4.1	Cohen, Bergman, Klepper	Last 4 digits of account number	8700	\$137.82
	Nonpriority Creditor's Name 175 East Main Street	When was the debt incurred?	7/23/15 and `1/27/16	
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes		graph and EKG of Debtor	
4.1	David Hartmann	Last 4 digits of account number	James Schwartz	\$50,000.00
	Nonpriority Creditor's Name c/o Bradley Schnur, Esq. P.C. 400 Jericho Turnpike Suite 226 Jericho, NY 11753	When was the debt incurred?	January 18, 2017	
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify FINRA DISI	PUTE	
4.1	Delray Medical Center	Last 4 digits of account number	1223	\$861.00
	Nonpriority Creditor's Name Box 830913	When was the debt incurred?	5/8/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	_			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	ı cıaım:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes		Service for son Jacob Schwartz	
		- Unier Specify Line gency	Col 1.00 IOI Goll Gaoob Collinal L.	

Official Form 106 E/F

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Debt	JAMES B SCHWARTZ		Case number (if know) 17-11548	
4.1	Delray Medical Center	Last 4 digits of account number	1835	\$1,722.00
	Nonpriority Creditor's Name Box 830913	When was the debt incurred?	5/9/17 to 5/11/17	
	Birmingham, AL 35283 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Hospitaliza	tion for Son Jacob Schwartz	
4.2	Dix Hills Jewish Center	Last 4 digits of account number	Family ID SCHWJAJE	\$3,630.00
- 12	Nonpriority Creditor's Name 555 Vanderbuilt Parkway	When was the debt incurred?	9/1/10	
	Huntington Station, NY 11746 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed	2.22	
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other Specify Membershi		
			James	
4.2 1	Evangelos Katsanos Nonpriority Creditor's Name	Last 4 digits of account number	Schwartz	\$218,456.00
	c/o Frydman LLC 501 Fifth Avenue 15th Floor	When was the debt incurred?	2014-2016	
	New York, NY 10017 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify investment	oute involving unauthorized s;	

Official Form 106 E/F

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Debtor	JAMES B SCHWARTZ		Case number (if know) 17-11548	
4.2	First Credit Services, Inc.	Last 4 digits of account number	4761	\$360.00
	Nonpriority Creditor's Name 377 Hoes Lane	When was the debt incurred?	3/16	
	Piscataway, NJ 08854 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	plans, and other similar debts	
	□ Yes	Other. Specify Credit Card		
4.2	First Premier Bank	Last 4 digits of account number	2503	\$619.29
	Nonpriority Creditor's Name c/o Central Credit Services 20 Corporate Hills Drive	When was the debt incurred?	3/10/17	
	Saint Charles, MO 63301 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	I claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	Balance	
4.2	First Standard Financial	Last 4 digits of account number	James Schwartz	\$77,488.17
	Nonpriority Creditor's Name c/o Bonfiglio & Asterita LLC 900 South Avenue	When was the debt incurred?	May 9, 2017	
	Staten Island, NY 10314 Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	-		
	Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	an agent	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims		
	■ No	Debts to pension or profit-sharir	g plans, and other similar debts	
	□Yes		entered in New York County	

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Debto	JAMES B SCHWARTZ		Case number (if know) 17-11548	
4.2	Ford Motor Credit Corp.	Last 4 digits of account number	2212	\$4,538.32
	Nonpriority Creditor's Name 25 West Post Road	When was the debt incurred?	2007	
	White Plains, NY 10606 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Deficiency	on vehicle surrender	
4.2	Gunn Allen Financial Inc.	Last 4 digits of account number	James Schwartz	\$50,000.00
	Nonpriority Creditor's Name 5002 West Waters Avenue Tampa, FL 33634	When was the debt incurred?	October 25, 2004	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharir	ng plans, and other similar debts	
	Yes	Other. Specify Confession	n of Judgment	
4.2	John, Hazel & Vivian Folsom	Last 4 digits of account number	2654;2551;4 867	\$2,000,000.00
	Nonpriority Creditor's Name c/o Holcomb & Ward LLP	When was the debt incurred?	2013-2015	
	3399 Peachtree Road Atlanta, GA 30326 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	■ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans	Ge+ 4000094 001-00 To	
	debt Is the claim subject to offset?		aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify FINRA CLA AEGIS CAI	AIM AGAINST DEBTOR AND PITAL CORP.	

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)ebto	1 JAMES B SCHWARTZ		Case number (if know) 17-11548	
.2			James	
-2	Joseph Gunnar & Co.	Last 4 digits of account number	Schwartz	\$20,000.00
	Nonpriority Creditor's Name 30 Broad Street New York, NY 10004	When was the debt incurred?	December 27, 2016	•
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Confession	of Judgment	
.2	Lab Corp.	Last 4 digits of account number	7150	\$27.22
	Nonpriority Creditor's Name			
	P.O. Box 2240	When was the debt incurred?	01/05/16	
	Burlington, NC 27216 Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that anniv	
	Who incurred the debt? Check one.	and of the date you me, the claim	s. Officer all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Spina Bifu	da Serum Test	
3	Lawrence Gulotta MD	Last 4 digits of account number	2207	\$265.00
	Nonpriority Creditor's Name	-:	8	
	954 Lexington Avenue New York, NY 10021	When was the debt incurred?	10/30/13	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure Student loans	o ciaim:	
	☐ Check if this claim is for a community debt		resting agreement of discount that we will be	
	Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other, Specify Medical Se		
		- Other Specify Industrial		

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Debtor	JAMES B SCHWARTZ		Case number (if know) 17-11548	
4.3	Long Island Railroad	Last 4 digits of account number	2628	\$60.00
	Nonpriority Creditor's Name Jamaica Station	When was the debt incurred?	2/6/17	
	Jamaica, NY 11435 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Railroad Fa		
4.3	Mark Neiswonger & Diana Neiswo	Last 4 digits of account number	3085	\$287,000.00
	Nonpriority Creditor's Name c/o David Meyer, Esq. 1320 Dublin Road, Suite 100	When was the debt incurred?	December 21, 2015	
	Columbus, OH 43215			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only			
	Debtor 2 only	☐ Contingent		
	Debtor 1 and Debtor 2 only	☐ Unliquidated		
		Disputed	d atalan	
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	d claim:	
	☐ Check if this claim is for a community debt	_	and a second and the second se	
	is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	□Yes	Other. Specify FINRA DISI		
4.3	Mary Paizis, M.D.	Last 4 digits of account number	James	\$1,750.00
3	Nonpriority Creditor's Name	Last 4 digits of account number	Schwartz	ψ1,700.00
	141 East 55th Street New York, NY 10022	When was the debt incurred?	7/28/14	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□ Yes	Other. Specify Schwartz	ssions for Debtor's son Jacob	

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Debtor	JAMES B SCHWARTZ	Pg 15 01 29	Case number (if know)	17-11548	
4.3	MS St. Luke's and Roosevelt	Last 4 digits of account number	ORER		\$200.00
	Nonpriority Creditor's Name Hospital P.O. Box 95000-2193 Philadelphia, PA 19195	When was the debt incurred?	11/7/16 & 12/16/16		
-	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce	that you did not	
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar de	bts	
	Yes	Other. Specify ER Service	s and XRays of Debto	or's Hand	
4.3			James		
5	MS St. Luke's and Roosevelt	Last 4 digits of account number	Schwartz	82	\$165,428.95
	Nonpriority Creditor's Name Hospital	When was the debt incurred?	5/2/16		
	P.O. Box 95000-2193	Title in a disc in a disc in a disc	0/2/10		
	Philadelphia, PA 19195				
	Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one.				
	<u> </u>				
	Debtor 1 only	Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d claim:		
	At least one of the debtors and another	Student loans	u ciaiii.		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a sepa	aration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar de	bts	
	□ Yes	Other. Specify Unpaid Ho			
	Tes .	Other. Specify	spitalization for Sage	Scriwartz	8
4.3 6	Mt. Sinai OBGYN	Last 4 digits of account number	3323		\$1,641.30
	Nonpriority Creditor's Name P.O. Box 28083 New York, NY 10087	When was the debt incurred?	05/11/16		
	Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	50000000000000000000000000000000000000			
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt	Obligations arising out of a sepa	aration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-shari	og plane, and other similar da	uhte	
	■ No				
	Yes	Other. Specify Medical. Se	ervices for Debtor's S	pouse	

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JAMES B SCHWARTZ	Case number (if know) 17-11548	
Mt. Sinai Pathology	Last 4 digits of account number 7524	\$300.00
Nonpriority Creditor's Name PO Box 5024	When was the debt incurred? 5/2/16	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
New York, NY 10087 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Level Gross Exam Microscopic	
Mt. Sinai Roosevelt Hospital	Last 4 digits of account number 9294	\$1,900.00
Nonpriority Creditor's Name	Last 4 digits of account number	V.,000.00
1000 10th Avenue	When was the debt incurred? 11/07/16	
New York, NY 10019 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	no of the date you me, the diam is officer an mat apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	□ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify ER Treatment	
Mt. Sinai School of Medicine	Last 4 digits of account number 5989	\$526.00
Nonpriority Creditor's Name		
P.O. Box 5024	When was the debt incurred? 4/17/17	
New York, NY 10087 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify ER Service	

Official Form 106 E/F

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Debtor	1 JAMES B SCHWARTZ		Case number (if know) 17-11548			
4.4	New York HHC	Last 4 digits of account number	6445	\$1,288.23		
	Nonpriority Creditor's Name c/ Bellevue Hospital P.O. Box 5281 GPO New York, NY 10087	When was the debt incurred?	7/15/16			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply			
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured	d claim:			
		☐ Student loans				
		Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not			
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts			
	Yes	Other. Specify Medical Se	rvices			
4.4	NYC Fire EMS	Last 4 digits of account number	9626	\$730.40		
	Nonpriority Creditor's Name	Miles and the debt is a second	04040			
	c/o NYCHHC P.O. Box 27137 New York, NY 10087	When was the debt incurred?	6/10/16			
	Number Street City State ZIp Code Who incurred the debt? Check one.	ity State ZIp Code As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	Debtor 2 only				
	At least one of the debtors and another	Type of NONPRIORITY unsecure				
	☐ Check if this claim is for a community	Student loans				
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims				
	■ No	Debts to pension or profit-sharir	g plans, and other similar debts			
	Yes	Other. Specify Ambulance				
4.4	NYU Hospital Center	Land didinita of account accordance	6988	\$1,713.52		
2	Nonpriority Creditor's Name	Last 4 digits of account number	0300	ψ1,710.02		
	P.O. Box 415234 Boston, MA 02241	When was the debt incurred?	11/02/15			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.	_				
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecure				
	☐ Check if this claim is for a community debt	☐ Student loans				
	Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not			
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts			
	Yes	Other. Specify Hospital C Schwartz	narges for Debtor's Son Jacob	e		

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NYU Langone Medical Center	Last 4 digits of account number 6935
Nonpriority Creditor's Name	Last 4 digits of account number 6935
P.O. Box 415662	When was the debt incurred? 2/12/16
Boston, MA 02241	
Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply
Who incurred the debt? Check one.	
Debtor 1 only	☐ Contingent
Debtor 2 only	☐ Unliquidated
☐ Debtor 1 and Debtor 2 only	Disputed
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:
☐ Check if this claim is for a community	☐ Student loans
debt	☐ Obligations arising out of a separation agreement or divorce that you did not
Is the claim subject to offset?	report as priority claims
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts
Yes	Other. Specify Radiology for Debtor
1930	
NYU Langone Medical Center	Last 4 digits of account number 6935 \$3
Nonpriority Creditor's Name	
P.O. Box 415662	When was the debt incurred? 1/29/16 & 3/1/16
Boston, MA 02241 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply
Who incurred the debt? Check one.	As of the date you me, the claim is. Check all that apply
Debtor 1 only	Полити
	☐ Contingent
Debtor 2 only	☐ Unliquidated
Debtor 1 and Debtor 2 only	☐ Disputed
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:
☐ Check if this claim is for a community	☐ Student loans
debt	☐ Obligations arising out of a separation agreement or divorce that you did not
Is the claim subject to offset?	report as priority claims
No No	☐ Debts to pension or profit-sharing plans, and other similar debts
Yes	■ Other. Specify Medical Test (Endocrine)
NYU Langone Medical Center	Last 4 digits of account number 6988 \$10
Nonpriority Creditor's Name	Last 4 digits of account number 6988 \$1
P.O. Box 415662	When was the debt incurred? 6/2/14
Boston, MA 02241	
Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply
Who incurred the debt? Check one.	
	☐ Contingent
Debtor 1 only	- Contingent
■ Debtor 1 only □ Debtor 2 only	☐ Unliquidated
Debtor 2 only	□ Unliquidated
Debtor 2 only Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans

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PEDIOI	JAIVIES B SCHWARTZ		77-11548	
.4	NYU Langone Medical Center	Last 4 digits of account number	6988	\$470.00
	Nonpriority Creditor's Name P.O. Box 415662	When was the debt incurred?	11/2/16	
	Boston, MA 02241 Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify ER Visit	g prairie, dita control crimical access	
. 1			lamas	
4	Oscar	Last 4 digits of account number	James Schwartz	\$300.00
	Nonpriority Creditor's Name			•
	P.O. Box 278	When was the debt incurred?	5/2/16	
	New York, NY 10013 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,	and apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Paula Schw	vartz Medical Visit	
1			James	200-20-20-20-20
	Oscar	Last 4 digits of account number	Schwartz	\$6,581.00
	Nonpriority Creditor's Name PO Box 278 New York, NY 10013	When was the debt incurred?	5/2/16	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	•	,	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	☐ Debts to pension or profit-sharing		
	Yes	Other. Specify Doctor Visi	t with Yucel Atakent by Sage	

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Debtor	1 JAMES B SCHWARTZ	Pg 20 01 29	Case number (if know)	17-11548	
4.4	Oscar		James	15	** ***
9	Nonpriority Creditor's Name	Last 4 digits of account number	Schwartz	-	\$6,066.00
	P.O. Box 278 New York, NY 10013	When was the debt incurred?	5/2/16		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar de	ebts	
	☐ Yes	■ Other. Specify Medical Vis Sage Schw	sit with Dr. Rafaela C artz	alabio for	
4.5			James		
0	Oscar	Last 4 digits of account number	Schwartz	_	\$5,695.00
	Nonpriority Creditor's Name P.O. Box 278 New York, NY 10013	When was the debt incurred?	5/9/16		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims		and you are not	
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar de	ebts	
	Yes	■ Other. Specify Sage Schw	it with Dr. Rafaela Ca artz	alagio by	
4.5	Oscar Gold		4020		4050.00
1	Nonpriority Creditor's Name	Last 4 digits of account number	4030	72	\$852.20
	P.O. Box 278	When was the debt incurred?	7/22/14		
	New York, NY 10013 Number Street City State Zlp Code				
	Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply		
	Debtor 1 only	П с			
	Debtor 2 only	☐ Contingent			
	Debtor 1 and Debtor 2 only	☐ Unliquidated			
	At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	l claim:		
		Student loans	· viaiiii.		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar de	ebts	
	□ Yes				
	L 103	Other. Specify Family Plan	i insurance Premium		

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Debtor	JAMES B SCHWARTZ	Pg 21 of 29	Case number (if know) 17	-11548
4.5	Paul Nonte Nonpriority Creditor's Name	Last 4 digits of account number	James Schwartz	\$289,163.47
		When was the debt incurred?	October 24, 2015	
	c/o Nonte & Co. Number Street City State Zlp Code	As of the date you file, the claim	S - 21	
	Who incurred the debt? Check one.	As of the date you me, the claim	is. Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that y	ou did not
	No	Debts to pension or profit-sharir	on plane, and other similar debts	
	□ Yes		of Stock trades; rksky	
0	Premier Bankcard LLC Nonpriority Creditor's Name	Last 4 digits of account number	7351	\$475.59
	c/o Rushmore Service P.O. Boxs 5508 Sioux Falls, SD 57117	When was the debt incurred?	September 8, 2016	
	Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that ye	ou did not
	■ No	Debts to pension or profit-sharir	ng plans, and other similar debts	
	□ Yes	Other Specify Credit Card		
		- Other. Specify - Order Care	•	
4.5	Premier Bankcard LLC Nonpriority Creditor's Name	Last 4 digits of account number	6989	\$619.29
	c/o Rushmore Service P.O. Boxs 5508	When was the debt incurred?	September 8, 2016	
	Sioux Falls, SD 57117 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.		an and apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that ye	ou did not
	No	Debts to pension or profit-sharir	on plans, and other similar debte	
	□ Yes			
	□ res	Other. Specify Credit Card	1	

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JAMES B SCHWARTZ	Case number (if know) 17-11548	
Pro Healthcare Assoc	Last 4 digits of account number 0596	\$690.0
Nonpriority Creditor's Name	Last 4 digits of account number	4000. 0
P.O. Box 3475 Toledo, OH 43607	1/6/15 ; 1/14/15; 2/24/15 and 11/6/14	
Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Medical Consultations for Daughter Alexis	
Pro Healthcare Assoc	Last 4 digits of account number 0596	\$107.6
Nonpriority Creditor's Name		•
P.O. Box 3475	When was the debt incurred? 1/26/16	
Toledo, OH 43607 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim is. Oneck an that apply	
Debtor 1 only	Contingent	
Debtor 2 only	☐ Unliquidated	
□ Debtor 1 and Debtor 2 only	Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	Other. Specify Magnacare Insurance Adjustment	
Pro Healthcare Assoc	Last 4 digits of account number 0596	\$257.8
Nonpriority Creditor's Name		, , , , , , , , , , , , , , , , , , ,
P.O. Box 3475	When was the debt incurred? 11/06/14	
Toledo, OH 43607 Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim is. Offect all that apply	
■ Debtor 1 only	□ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	□ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	Other Specify Medical Consultation	

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Debto	JAMES B SCHWARTZ	Case number (if know) 17-11548	
4.5	Pro Healthcare Assoc	Last 4 digits of account number 1849	\$17.27
8	Nonpriority Creditor's Name P.O. Box 3475	When was the debt incurred? 6/16/15	ψ11.21
	Toledo, OH 43607 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Urine Diipstick	
4.5			
9	Quest Diagnostics	Last 4 digits of account number 8775	\$7.62
	Nonpriority Creditor's Name		
	PO Box 740985 Cincinnati, OH 45274	When was the debt incurred? 3/18/16	
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	the control of the co	
	Debtor 1 only	Contingent	
	Debtor 2 only	□ Unliquidated	
	TO THE POST OF THE		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt		
	Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other Specify Glucose Test	
		— Outer. Specify	
4.6	Reisman, Peirez LLP	Last 4 digits of account number 9043	\$8,700.17
0	Nonpriority Creditor's Name	Last 4 digits of account number	40,700.17
	1305 Franklin Avenue	When was the debt incurred? October 1, 2015	
	Garden City, NY 11530		
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Legal Services	

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JAMES B SCHWARTZ		Case number (if know) 17-11548	
		James	
Rockwell Global Capital LLC	Last 4 digits of account number	Schwartz	\$151,251.00
Nonpriority Creditor's Name 125 Baylis Road Suite 280 Melville, NY 11747	When was the debt incurred?	October 17, 2012	
Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	Unliquidated		
☐ Debtor 1 and Debtor 2 only	Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt	Obligations arising out of a sepa	ration agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims		
■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify FINRA SET	TLEMENT-DEFAULT	
South Oaks Hospital	Last 4 digits of account number	9949	\$1,600.00
Nonpriority Creditor's Name	Last 4 digits of account number		\$1,000.00
c/o The Allen Daniel Assoc	When was the debt incurred?	9/24/14	
P.O. Box 541614			
Waltham, MA 02454 Number Street City State ZIp Code	As of the date you file, the claim	e: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim	s. Check all that apply	
■ Debtor 1 only	☐ Contingent		
Debtor 2 only			
	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d alaim.	
At least one of the debtors and another	Student loans	ciaim.	
☐ Check if this claim is for a community debt			
Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
Yes	Other. Specify Mental Hea	Ith Hospital	
St. Lukes' Hospital	Last 4 digits of account number	3IRC	\$1,000.00
Nonpriority Creditor's Name			\$1,000.00
P.O. Box 95000-2193 Philadelphia, PA 19195	When was the debt incurred?	7/2/16	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	-		
Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	a plane, and other similar debts	
☐ Yes	Other Specify Unreimburg	sed Hospital Bill	

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Debtor	1 JAMES B SCHWARTZ	Pg 25 01 29	Case number (if know)	17-11548			
4.6	St. Lukes' Hospital	Last 4 digits of account number	D2QX		\$150.00		
	Nonpriority Creditor's Name P.O. Box 95000-2193 Philadelphia, PA 19195	When was the debt incurred?	5/30/14		-		
	Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecure					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	that you did not					
	No	ebts					
	Yes	DIS					
	Tes	Other. Specify Hospital se	ervices				
4.6	St. Lukes' Hospital	Last 4 digits of account number	ORER		\$700.71		
0	Nonpriority Creditor's Name			-			
	P.O. Box 95000-2193 Philadelphia, PA 19195	When was the debt incurred?	3/05/17				
	Number Street City State Zlp Code	As of the date you file, the claim					
	Who incurred the debt? Check one.	one.					
	Debtor 1 only						
	☐ Debtor 2 only						
	□ Debtor 1 and Debtor 2 only □ Disputed						
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure					
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	that you did not				
	■ No	Debts to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify Hospital Vi					
4.6 6	Sterling Emergency Services of	Last 4 digits of account number	8558		\$527.00		
	Nonpriority Creditor's Name Florida	When was the debt incurred?	3/22/17				
	P.O. Box 731584		UI ZZI II				
	Dallas, TX 75373						
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
		П					
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d alaim.				
	At least one of the debtors and another	Student loans					
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a sepa	that you did not				
	Is the claim subject to offset?	report as priority claims	triat you did not				
	■ No	Debts to pension or profit-sharir	ebts				
	_	Emergency					
	☐ Yes	Other. Specify Jacob Sch		100 100 100 100 100 100 100 100 100 100			

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JAMES B SCHWARTZ		Case number (if know) 1	7-11548			
		James				
TCB Securities & DMC Holdings	Last 4 digits of account number	Schwartz	\$10,000.00			
Nonpriority Creditor's Name 510 Broadhollow Road Melville, NY 11747	When was the debt incurred?	April 22, 2016				
Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply				
Who incurred the debt? Check one.						
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed	☐ Disputed				
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
☐ Check if this claim is for a community	☐ Student loans					
lebt s the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts				
Yes	Other. Specify Confession	of Judgment				
Time Warner	Last 4 digits of account number	0428	\$238.90			
Nonpriority Creditor's Name						
2554 Broadway New York, NY 10022	When was the debt incurred?	11/1/13				
Number Street City State ZIp Code	As of the date you file, the claim	s: Check all that apply				
Who incurred the debt? Check one.						
Debtor 1 only	☐ Contingent					
Debtor 2 only	☐ Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed					
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
☐ Check if this claim is for a community	☐ Student loans					
lebt s the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	you did not				
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
☐ Yes	Other. Specify Cable					
Town of Islip, New York	Last 4 digits of account number	1471	\$245.00			
Nonpriority Creditor's Name			\$240.00			
28 Nassau Avenue slip, NY 11751	When was the debt incurred?	11/12/15				
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
Debtor 1 only	Contingent					
Debtor 2 only	Unliquidated					
Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	t claim:				
At least one of the debtors and another	Student loans	i Ciaim;				
and the state of the community			you did not			
s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts					
□Yes	Other Specify Parking Violations					

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Debtor	1 JAMES B SCHWARTZ		Case number (if know)	17-11548		
4.7	Transcare	w. reward a control	7007			
0	Nonpriority Creditor's Name	Last 4 digits of account number	7887		\$605.85	
	P.O. Box 8500	When was the debt incurred?	10/20/15			
	Philadelphia, PA 19178	_				
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim				
	Debtor 1 only	Contingent				
	☐ Debtor 2 only					
	☐ Debtor 1 and Debtor 2 only					
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans				
	☐ Check if this claim is for a community					
	debt Is the claim subject to offset?	that you did not				
	No	abta				
	Yes	Debts to pension or profit-sharin		edis		
	Yes	Other. Specify EMS for Ja	cob Schwartz			
4.7						
1	Transworld Systems Nonpriority Creditor's Name	Last 4 digits of account number	0124		\$1,713.52	
	P.O. Box 15273	When was the debt incurred?	4/24/16			
	Wilmington, DE 19850		4/24/10			
	Number Street City State Zlp Code	As of the date you file, the claim i				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	☐ Obligations arising out of a sepa	that you did not			
	Is the claim subject to offset?	report as priority claims				
	No No	☐ Debts to pension or profit-sharin				
	Yes	Other. Specify Medical Se				
4.7			50000000000000000000000000000000000000			
2	Trascare Corp.	Last 4 digits of account number	7887		\$605.85	
	Nonpriority Creditor's Name 1 Metrotech Center	When was the debt incurred?	10/20/15			
	Brooklyn, NY 11201		10/20/13			
	Number Street City State ZIp Code	As of the date you file, the claim i				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured				
	☐ Check if this claim is for a community	☐ Student loans				
	debt	Obligations arising out of a sepa				
	Is the claim subject to offset?	report as priority claims				
	No No	Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other, Specify Ambulance				

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DODLOI	JANILO E	SCHWARTZ		Case	idilibel (il know)	17-11040		
4.7	Verizon		Last 4 digits of account number	8288	3		\$292.63	
	Nonpriority Creditor's Name 140 West Street New York, NY 10007		When was the debt incurred?	6/13/14				
				_			ā	
		City State Zlp Code the debt? Check one.	As of the date you file, the claim i	s: Chec	k all that apply			
	Debtor 1 or		Continued.					
- 2	Debtor 2 on	450	☐ Contingent					
100			☐ Unliquidated					
	Chromonica man	nd Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:				
			☐ Student loans	a Ciaiiii.				
☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No			Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts					
4.7	Whitmore (Group	Last 4 digits of account number	3832)		\$300.00	
	Whitmore Group Nonpriority Creditor's Name			0.0000000000000000000000000000000000000			\$300.00	
	Garden Cit	untry Road y, NY 11530	When was the debt incurred?	1/1/1	7		=	
		City State ZIp Code the debt? Check one.	As of the date you file, the claim i	s: Chec	k all that apply			
	Debtor 1 on	nly	☐ Contingent					
11	Debtor 2 on	nly	☐ Unliquidated					
	Debtor 1 an	nd Debtor 2 only	☐ Disputed					
(1	At least one	e of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if th	is claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?		☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	No No		☐ Debts to pension or profit-sharing plans, and other similar debts					
1	☐ Yes		Other. Specify Health Service Fee					
Part 3:	List Other	s to Be Notified About a Debt	That You Already Listed					
is trying	g to collect from the collect from the collect for any debts	om you for a debt you owe to som		Parts 1	or 2, then list th	e collection agenc	y here. Similarly, if you	
5. Total th	ne amounts of unsecured cla	certain types of unsecured claim	s. This information is for statistical re	eporting	purposes only.	28 U.S.C. §159. Ad	d the amounts for each	
type or	unocourca on					tel Oleles		
	6a.	Domestic support obligations		6a.	\$	tal Claim 165.000.00		
	otal				·	100,000.00	_	
clai from Pa	STERIES .	Taxes and certain other debts y	ou owe the government	6b.	\$	270,000.00	ř	
	6c.	Claims for death or personal inj		6c.	\$	0.00		
	6d.	Other. Add all other priority unsec	ured claims. Write that amount here.	6d.	\$	0.00		
	6e.	Total Priority. Add lines 6a through	gh 6d.	6e.	\$	435,000.00		
					To	tal Claim		
	6f.	Student loans		6f.	\$	0.00	<u>C</u> .	
clai	COURT OF THE PARTY							
from Pa	rt 2 6g.	Obligations arising out of a sep you did not report as priority cla	aration agreement or divorce that	6g.	\$	0.00	ľ	
	6h.		ng plans, and other similar debts	6h.	\$	0.00	T	

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Debtor 1 JAMES B SCHWARTZ

Case number (if know)

6i.

17-11548

 Other. Add all other nonpriority unsecured claims. Write that amount here.

s 3,460,791.27

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ **3,460,791.27**